



\$1644

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-IX 2965	
SERIAL NO: 09/016,061	FILING DATE: January 30, 1998	EXAMINER: P. Gambel	GROUP ART UNIT: 1644	
INVENTION: ANTI- $\alpha$ , $\beta$ , RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on October 16, 2002.

By: Deborah L. Cadena  
Deborah L. Cadena, Reg. No. 44,048

October 16, 2002  
Date of Signature

RECEIVED  
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TECH CENTER 1600/2900

Transmitted herewith is a Response to the Office Action mailed June 18, 2002, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 on July 2, 1998.
- ☒ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☒ Appendix A.
- ☒ Appendix B.
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	184	-	79	-	105	x	\$9	\$18	=	\$945.00	\$
INDEPENDENT CLAIMS	3	-	24	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		\$140	\$280	=	\$140.00	\$
							TOTAL ADDITIONAL FEE			\$1,085.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: William D. Huse  
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- ☐ Please charge my Deposit Account No. 03-0370 the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1,140.00 is enclosed, \$55.00 of which covers the fee for a one-month extension of time and \$1,085.00 which covers the additional claims fee.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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